

Abstract

Cushing's syndrome results from prolonged exposure to excessive glucocorticoids and is associated with substantial morbidity and mortality. The diagnosis and management of Cushing's syndrome pose significant challenges. We present a case of Cushing's disease in a 44-year-old patient, who experienced postoperative venous thromboembolism. The patient exhibited typical Cushing's features, and initial investigations confirmed ACTH-dependent Cushing's. Magnetic resonance imaging (MRI) revealed a pituitary microadenoma, further confirmed by inferior petrosal sinus sampling (IPSS), which showed a pituitary ACTH-secreting tumor on the right side. Following thorough assessment and risk optimization, the patient underwent transsphenoidal surgery (TSS). However, a week later, she developed sudden shortness of breath. A CT pulmonary angiogram (CTPA) indicated a pulmonary embolus in the distal left main pulmonary artery. Cushing's syndrome carries various risks, including cardiovascular, thromboembolic, metabolic, infectious and other complications, both during active disease and post-surgery. This case underscores the diagnostic complexities and complications of Cushing's syndrome, shedding light on crucial perioperative management strategies.